

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		10/	
FORMALITY REVIEW	JK	835	02
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 + ..... Restricted

N ..... Not entered  
 I ..... Incomplete  
 A ..... Added  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/1/61
2	✓	✓	10/1/61
3	✓	✓	10/1/61
4	✓	✓	10/1/61
5	✓	✓	10/1/61
6	✓	✓	10/1/61
7	✓	✓	10/1/61
8	✓	✓	10/1/61
9	✓	✓	10/1/61
10	✓	✓	10/1/61
11	✓	✓	10/1/61
12	✓	✓	10/1/61
13	✓	✓	10/1/61
14	✓	✓	10/1/61
15	✓	✓	10/1/61
16	✓	✓	10/1/61
17	✓	✓	10/1/61
18	✓	✓	10/1/61
19	✓	✓	10/1/61
20	✓	✓	10/1/61
21	✓	✓	10/1/61
22	✓	✓	10/1/61
23	✓	✓	10/1/61
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26	✓	✓	10/1/61
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29	✓	✓	10/1/61
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37	✓	✓	10/1/61
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41	✓	✓	10/1/61
42	✓	✓	10/1/61
43	✓	✓	10/1/61
44	✓	✓	10/1/61
45	✓	✓	10/1/61
46	✓	✓	10/1/61
47	✓	✓	10/1/61
48	✓	✓	10/1/61
49	✓	✓	10/1/61
50	✓	✓	10/1/61

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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